

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO.              | DATE     |
|---------------------|----------|---------------------|----------|
| FEE DETERMINATION   |          |                     |          |
| O.I.P.E. CLASSIFIER |          | 61048 <sup>43</sup> | 10/25/00 |
| FORMALITY REVIEW    |          |                     |          |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim    | Date |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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